

EXHIBIT 37



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Clervaux Investments Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

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CONFIDENTIAL

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Authorised Persons Form

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NAME OF COMPANY

Fervault Assets Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

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BANKING INSTRUCTIONS

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Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

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INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

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Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

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NAME OF COMPANY

Inakima Holdings Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

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Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

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INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Invoicing Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed by

Name Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

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Date

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Signature

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Authorised Persons Form

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NAME OF COMPANY

Ingtime Trading Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

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BANKING INSTRUCTIONS

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Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

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INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

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Fax +357-253-61-857
cyprus@tridenttrust.com

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CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Izatelom Investments Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

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BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to transmit and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicates their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

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INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

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DECLARATION

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Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

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The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Kevina Holdings Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

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Relationship to beneficial owner(s)

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Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

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Relationship to beneficial owner(s)

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Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

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Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

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TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Lunarc Trading Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

TCYP-C-AP

4



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Madgwick Holdings Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shecheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shecheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

TCYP-C-AP

4



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Owena Investments Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicates their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

TCYP-C-AP

4



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Sidran Trading Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

TCYP-C-AP

4



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Trigor Trading Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

*A certified copy of the passport is required and should be attached

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicates their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia** Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94** Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality Passport Number*

Occupation

Address

Phone Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

TCYP-C-AP

4



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Valkera Investments Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shecheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shecheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

*A certified copy of the passport is required and should be attached

TCYP-C-AP

2



CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

TCYP-C-AP

3



CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

TCYP-C-AP

4



CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

TCYP-C-AP



CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Veregar Holdings Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shecheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shecheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

*A certified copy of the passport is required and should be attached

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CYPRUS

BANKING INSTRUCTIONS

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors and/or the Signatories of the Company's bank account(s), and to provide them with instructions and information for the execution of transfers and/or for any and all matters in connection with the company's bank account(s) and/or to request and receive any and all information concerning such bank account(s) and the beneficial owner(s) authorise Trident and/or the Directors and/or the Signatories of the Company's bank account(s) to execute such instructions received by e-mail, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicates their revocation to Trident.

Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Shecheglyayev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

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CYPRUS

INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander ShcheglyayevAddress 11 Oktyabrskaya Street, apart.125, 127018, Moscow, RussiaPhone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com**Invoicing Contact #2**

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed byName Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

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CYPRUS

CONFIDENTIAL

COMPANY

Authorised Persons Form

Trident Trust Company (Cyprus) Ltd
Trident Centre
115 Griva Digeni Avenue
PO Box 58184
3731 Limassol, Cyprus
Tel +357-258-20-650
Fax +357-253-61-857
cyprus@tridenttrust.com

WWW.TRIDENTTRUST.COM

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CYP RUS

The following information is required from the beneficial owner(s) by Trident Trust Company (Cyprus) Ltd ("Trident") in order to appoint or change an authorised representative/banking instructions contact or the invoicing instructions.

NAME OF COMPANY

Vesvora Trading Limited

AUTHORISED REPRESENTATIVE

The Person(s) indicated here below is/are authorised by the beneficial owner(s) to directly contact Trident and/or the Directors, to request and receive any and all information concerning the Company and to provide Trident and/or the Directors with instructions on behalf of the beneficial owner(s) and the beneficial owner(s) authorise Trident and/or the Directors to execute such instructions received by email, fax or in any other form from such Person(s). These authorisations shall be deemed to remain in force until the beneficial owner(s) expressly communicate their revocation to Trident.

Authorised Representative #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shecheglyayev

Nationality Russia

Passport Number* 72 9273296

Occupation Economist

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shecheglyayev@gmail.com

Relationship to beneficial owner(s) Beneficial owner

Authority ☒ Individually ☐ Jointly

Authorised Representative #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☒ Individually ☐ Jointly

*A certified copy of the passport is required and should be attached

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BANKING INSTRUCTIONS

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Banking Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) **Alexander Sheheglyaev**

Nationality **Russia**

Passport Number* **72.9273296**

Occupation **Economist**

Address **11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia**

Phone **+7-929-659-38-94**

Fax

Email **shcheglyayev@gmail.com**

Relationship to beneficial owner(s): **Beneficial owner**

Authority ☒ Individually ☐ Jointly

Banking Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Nationality

Passport Number*

Occupation

Address

Phone

Fax

Email

Relationship to beneficial owner(s)

Authority ☐ Individually ☐ Jointly

**A certified copy of the passport is required and should be attached*

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INVOICING INSTRUCTIONS

Person(s) to whom invoices are to be sent (if different from above).

Invoicing Contact #1

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr) Alexander Shcheglyayev

Address 11 Oktyabrskaya Street, apart.125, 127018, Moscow, Russia

Phone +7-929-659-38-94

Fax

Email shcheglyayev@gmail.com

Invoicing Contact #2

Full Name and Title (e.g. Mr, Mrs, Miss, Ms, Dr)

Address

Phone

Fax

Email

DECLARATION

I/we hereby severally undertake and agree that the indemnity defined in the Terms of Business which form an integral part of the Letter of Engagement between myself/ourselves and Trident, shall extend to all and any acts, deeds, matters or things done or omitted to be done as a result, arising out of or in connection to the authorisations given herein, as if the instructions were given directly by myself/ourselves.

Completed by

Name Alexander Shcheglyayev

Signature

Date 31/08/2015

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

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